

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828445

**Entity Name:** AAA LIFE INSURANCE COMPANY**Current Principal Place of Business:**17900 N. LAUREL PARK DR.  
LIVONIA, MI 48152**Current Mailing Address:**17900 N. LAUREL PARK DR.  
LIVONIA, MI 48152**FEI Number:** 52-0891929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT/CEO
Name	HUFFSTETLER, HAROLD WJR
Address	17900 N. LAUREL PARK DR.
City-State-Zip:	LIVONIA MI 48152

Title	SENIOR VP, CHIEF ACTUARY
Name	LUCAS, JAMES T
Address	17900 N. LAUREL PARK DR.
City-State-Zip:	LIVONIA MI 48152

Title	VP, GENERAL COUNSEL,
Name	COUDURIER, DIANE L
Address	17900 N. LAUREL PARK DR.
City-State-Zip:	LIVONIA MI 48152

Title	SENIOR VP/CFO
Name	DUBOSE III, JOHN W
Address	17900 N. LAUREL PARK DR.
City-State-Zip:	LIVONIA MI 48152

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN W. DUBOSE III

SENIOR VP, CFO

03/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date